

# CONSUMER COMPLAINT FORM

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ATTORNEY GENERAL



RETURN TO:  
Office of Attorney General  
Consumer Protection Division  
8911 Shelbyville Rd.  
Louisville, KY 40222  
(502) 425-4825—Louisville Office  
Hotline: 1-888-432-9257  
www.ag.ky.gov/cp

**TYPE OR PRINT NEATLY. SUBMIT TWO COPIES OF THE COMPLAINT AND TWO COPIES OF ANY DOCUMENTS SUBMITTED.**

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

COMPANY OR PERSON(S) YOUR COMPLAINT IS AGAINST \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**Please fill in this section completely.**

WAS A CONTRACT SIGNED? ☐ YES ☐ NO (If Yes, Please Attach a **Copy** of Your Contract.)

WHERE WAS CONTRACT SIGNED? ☐ IN YOUR HOME ☐ AT THE BUSINESS ☐ OTHER \_\_\_\_\_

DATE(S) OF TRANSACTION \_\_\_\_\_ PRODUCT OR SERVICE INVOLVED \_\_\_\_\_

TOTAL PRICE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ WAS PRODUCT/SERVICE ADVERTISED? ☐ YES ☐ NO

HOW WAS SERVICE ADVERTISED? ☐ Newspaper ☐ TV ☐ Radio ☐ Mail ☐ Phone ☐ Internet ☐ Other \_\_\_\_\_

WITH WHAT OTHER AGENCIES HAVE YOU FILED THIS COMPLAINT? \_\_\_\_\_

WHAT ACTION WAS TAKEN? \_\_\_\_\_

HAVE YOU HIRED OR RETAINED A PRIVATE ATTORNEY? ☐ YES ☐ NO HAVE YOU STARTED COURT ACTION? ☐ YES ☐ NO

WHAT ACTION WILL RESOLVE YOUR COMPLAINT? \_\_\_\_\_

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NAME OF MOBILE HOME MANUFACTURER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PURCHASE DATE \_\_\_\_\_ MOBILE HOME WAS PURCHASED ☐ NEW ☐ USED SERIAL NO. \_\_\_\_\_

WAS CONTRACT SIGNED? ☐ YES ☐ NO      DATE OF CONTRACT \_\_\_\_\_ LENGTH OF CONTRACT: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

TIME LEFT BEFORE CONTRACT EXPIRES: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

TOTAL AMOUNT OF YOUR CONTRACT: \$ \_\_\_\_\_ AMOUNT PAID TO DATE: \$ \_\_\_\_\_

HOW WERE YOUR PAYMENTS TO BE MADE? ☐ MONTHLY ☐ YEARLY ☐ OTHER \_\_\_\_\_

AMOUNT OF EACH PAYMENT? \$ \_\_\_\_\_ WHEN WAS YOUR LAST PAYMENT? \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_ **YOUR SIGNATURE** \_\_\_\_\_

AGE OF THE PERSON INVOLVED IN THE TRANSACTION: ☐ 0-15 ☐ 16-25 ☐ 26-39 ☐ 40-59 ☐ 60-75 ☐ 76-over